GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1585
ANSWERED ON:01.08.2001
CEREBRAL MALARIA
UMMAREDDY VENKATESWARLU

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether nodal agencies dealing with malaria in the Government have not reported the outbreak of cerebral malaria in some tribal areas, particularly Bihar;

(b) if so, reasons for the slow reaction of various anti-malaria control bodies of the Government;

(c) whether there is any move to make such bodies more alert and people-oriented;

(d) whether any survey has been conducted of all the States on the outbreak of such malaria-based disease;

(e) if so, details thereof, State-wise; and

(f) the preventive steps taken/being taken to control cerebral malaria?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a): No, Sir.

(b)&(c): Malaria situation in the country is continuously monitored at all levels. Under the National Anti Malaria Programme (NAMP) guidelines have been issued to States/District Health authorities to monitor the Malaria situation vigorously.Based on the data of rainfall and epidemiological trend, the States are alerted by the Directorate of NAMP to take preventive steps in time.

(d)&(e): Apart from regular active and passive surveillance, in the event of high incidence of fever or Malaria cases, investigation to ascertain the cause of the outbreak and also adopting appropriate control measures is undertaken from time to time.

(f): Steps taken for prevention and control of Cerebral Malaria are as under:-

1. Early Detection and Prompt Treatment (EDPT) of cases has been intensified by gearing up surveillance.

2. Facilities for detection and treatment of cases have been extended to the village level by involving community volunteers as Drug Distribution Centre (DDCs) and malaria Link Volunteers (MLVs) in high-risk areas.

3. Rapid Diagnostic Kits for malaria case detection has been introduced for piloting.

4. Identification of referral centre for the management of severe and complicated malaria.

5. Providing alternative anti-malarials in Choloroquine resistant area.

6. Vector Control measures have been intensified by prioritization of areas for selective spray with appropriate insecticides and alternative vector control methods.

7. Newer and more effective alternative insecticides like Synthetic Pyrethroids have been introduced in the programme.

8. Information Education and Communication (IEC) has been intensified and metropolitan cities like Chennai, Calcutta etc. have been given additional funds through Enhanced Malaria Control Project (EMCP) with World Bank support for IEC activities.

9. Hundred hard-core malaria and predominantly tribal districts of the States of Andhra Pradesh, Jharkhand, Gujarat, Madhya Pradesh, Maharashtra, Chhattisgarh, Orissa and Rajasthan and 19 malaria problematic towns in these States and States of Karnataka, Tamil Nadu and West Bengal have been included under EMCP for additional inputs for intensification of anti-malaria activities since September, 1997. Seven North Eastern States are being given 100% Central Assistance w.e.f. December, 1994.

10. Capacity Building and Management Information system are being strengthened in the country under EMCP.

11. Capabilities for Epidemic preparedness and rapid response are being strengthened.